ence to the left portion of it, which latter was the one hitherto selected. The right division would be found to be least covered by peritoneum, and to have much less mesocolon, and on making examinations of both portions he had found the right colon generally deficient of peritoneum on its posterior aspect. He thought this case would be interesting to the society for many reasons—the length of time the patient had endured it, upwards of two months, it being an instance of the retrograde species, the impossibility of diagnosing it, and its relation to the very interesting subject lately under discussion.—*Dub. Med. Press*, March 5, 1845.

23. *Observations on the Mechanism and Diagnostic value of the Friction Vibrations perceived by the Ear and by the Touch in Peritonitis.*—*The London and Edinburgh Monthly Journal* for May last, contains an interesting paper on this subject by Dr. Robt. Spittal. The author conceives that the following conclusions may be drawn from the observations thus far made:

That the mechanism by which the friction vibrations are produced is of three kinds, viz.

1. The respiratory movements,—of the diaphragm chiefly,—but also the action of the abdominal muscles. The vibrations being synchronous with these movements, though sometimes only developed during inspiration.
2. Artificial movement of the parts by pressure with the hand or otherwise. The vibrations corresponding in their rhythm to the movement produced.
3. The peristaltic motion of the intestinal canal,—imparting to the vibrations a peculiar, continued rustling, and creeping character to the ear and hand, corresponding to the vermicular motion of the intestines.

That the immediate cause of the friction vibrations is the rubbing together of two peritoneal surfaces, physically altered by the inflammatory process; and although the effusion of lymph has been considered necessary for their production, it appears highly probable that at a prior stage of the inflammation, when the peritoneum is merely drier than usual, friction vibrations may take place.

That the more the surfaces are moistened, the less intense will be the friction vibrations; and when a liquid effusion is sufficient to separate the surfaces, the vibrations will cease altogether at the part; but by altering the position of the patient, so as to enable the liquid to gravitate to some other part, and thus bring the surfaces together again, the friction vibrations will be renewed.

That the amount of motion between the inflamed surfaces, necessary for the production of the friction vibration, is very limited; and that different modes of friction, as to rapidity and degrees of pressure, may not only modify the intensity, but also the tone and quality of the vibrations.

That the present state of our knowledge does not permit us to connect any particular species of vibration with a certain physical condition of the peritoneum, although reasonable grounds exist for this expectation.

That although the friction vibrations are no evidence of the existence of adhesions between the peritoneal surfaces, it has not been proved, that in the case of partial adhesions,—and even when the adhesions are general, provided the effused lymph be recent, soft, and extensible,—an amount of motion sufficient to produce the friction vibrations might not occur.

That the respiratory abdominal friction vibrations are chiefly manifested at the upper part of the abdominal cavity, where its more solid contents are situated, and in the case of a large organic tumour,—and may be regarded as indicative of the inflammation existing over a solid organ or tumour.

That the indications from artificial movement of the parts have been perceived, both where tumours were present, and where the intestines alone, or along with the omentum, were the site of the inflammation.

That the peristaltic friction vibrations indicate that the peritoneum investing the corresponding portion of the intestinal tube is the part affected.

That wherever the peristaltic vibrations are *very distinctly perceived*, they may be regarded as indicative of a lively and free motion of the folds of intestine upon one another, and upon the parietes; and of few or no adhesions existing between them. At all events, it shows that the intestines are not generally adherent, nor matted together into an adherent mass, nor, to any great extent, adherent to the abdominal parietes.

That in cases of peritoneal inflammation in the upper portions of the abdomen simulating pleuritis, the presence of *any degree* of the peristaltic friction vibration might very much assist us in the diagnosis.

24. *Sanguineous Apoplexy in a child eleven days old.*—A case of cerebral hemorrhage, a rare occurrence in very early life, is recorded by Dr. A. D. Campbell in the *Northern Journal of Medicine* for Jan. last. The infant was a stout healthy male, and until the morning of the day on which he died, had shown no symptoms of disease. About seven A. M. he vomited frequently, and in an hour and a half afterwards was suddenly seized with violent convulsions, tossing about the head and limbs, rolling the eyes, and accompanying these movements with loud shrieks; in this state he was found by the gentleman who was requested to visit him. The pulse was at this time extremely rapid and hard, the pupils were contracted, the head hot; but the body and legs, especially the latter, felt cold to the touch, and attempts to vomit were occasionally made. The child was immediately placed in a warm bath, cloths dipped in cold water were applied to the head, and a powder composed of calomel and scammony exhibited. When the infant was removed from the bath, leeches were directed to be applied, and the other treatment usually employed in such cases was judiciously and energetically resorted to. In two hours thereafter a second powder similar to the first was given, as the bowels remained unmoved, and the symptoms continued unabated. At noon the child was again seen; it then appeared to suffer under all the symptoms of compression of the brain, precisely similar to those generally observed in the last stage of acute hydrocephalus; the convulsive movements of the limbs had subsided, it emitted occasionally a low moan, the pupils of both eyes were widely dilated, and the pulse was frequent, small, and feeble. A blister was now applied to the head, and two grains of calomel with five of jalap ordered to be given every second hour until the bowels were moved. In spite of the treatment, however, the child never showed the slightest signs of amendment, and died between six and seven the same evening, after an illness of rather less than twelve hours' duration. On examination of the body after death, its external appearance presented nothing unusual. On opening the cranium, and reflecting the dura mater from the circumference of each hemisphere towards the mesial line, I found the superficial vessels of the organ distended with blood; and on the surface of the middle lobe of the right hemisphere a small ecchymosed spot, of about three-eighths of an inch in diameter, situated under the arachnoid, which was quite transparent, and not clouded by any lymph effusion. On making a vertical section through this spot, I saw that it was the apex of a clot, nearly of the size and shape of half a small walnut shell, with the concavity directed upward. The blood was of the consistence and colour of thin currant jelly. The substance of the brain in contact with the clot was of an ochre colour, much softened, reduced in fact to pulp, to the depth of about an eighth of an inch all round. This pulp was examined with the microscope, and consisted of the tissue of the brain, numerous blood-globules, and fluid, but contained none of the corpuscles characteristic of inflammatory softening. The other parts of the brain when cut into were less firm than usual, especially in the affected hemisphere, which seemed as if infiltrated with colourless serum. The quantity of fluid in the ventricles was not greater than natural, and the brain exhibited no other abnormal appearance. The examination of the other cavities of the body was not permitted. On account of the unusual occurrence of the affection in so young a subject, the scalp, bones of the cranium, and external surface of the body, were again carefully inspected, but no mark of violence was discernible thereon.

From the microscopic examination of the softened tissue surrounding the clot, Dr. C. is inclined to regard its pulpy condition neither as resulting from previous inflammation, nor as arising from the irritation produced by the clot as a foreign body, but as caused by the effused blood having forced its way into and broken up the tissue immediately adjacent to the extravasation.

25. *Treatment of Chronic Eczema.*—Mr. B. Phillips states, in the *Lond. Med. Gaz.*, March 1845, that he has treated with signal success many cases of chronic eczema, by the following simple plan: